



Government Records Access Management Act
RECORDS REQUEST

NAME OF PERSON REQUESTING RECORDS: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

DESCRIPTION OF RECORD SOUGHT (DESCRIBE IN DETAIL THE INFORMATION YOU ARE REQUESTING, INCLUDING APPLICABLE ADDRESSES)

PLEASE INITIAL THOSE THAT APPLY:

- _____ I would like to inspect the records.
- _____ I would like to receive copies of the record. **I understand that I am responsible for the costs to provide the records as permitted by UCA 63-2-203 and authorize costs up to \$_____.** I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the city will not respond to a request that I have not authorized adequate costs. The cost is \$.25 per black/white or \$.50 per color 8.5 x 11 page, \$.50 per black/white or \$1.00 color 11x17 page, and cost of staff time after the initial fifteen (15) minutes for compiling the information. The cost for a police or fire report is \$20 for the first 10 pages and \$.25 per page thereafter.
- _____ I would like to receive copies of the records and request a waiver of costs. (Please attach information supporting your request. See UCA 63G-2-203(04).)
- _____ I am the subject of the record.
- _____ I am the person who provided the information.
- _____ I am authorized to have access by the subject of the record or by the person who submitted the information. (Provide authorization)
- _____ I am requesting expedited response. (Please attach information that shows your status as a member of the media and records are required for a story, for broadcast or publication; or attach other information that demonstrates that you are entitled to expedited response under UCA 63G-2-204(3).)

Copies of the information requested will be provided as soon as reasonably possible, but no later than ten business days after receiving this written request or five business days after receiving a written request if the requester demonstrates that expedited response to the record request benefits the public rather than the person. I recognize this records request form is a public document.

Signature

Date

This request may be delayed if all the information is not provided.

CITY USE ONLY

Date Received: _____ Received by: _____ Date Due: _____ Date Completed: _____
Completed by: _____ Amount Due: _____ Date picked up: _____